

CGFNS Certification Program for Registered Nurses

The CGFNS Certification Program consists of a Qualifying Examination, a Credentials Evaluation, and demonstration of English language proficiency. The CGFNS Certification Program (CP) is designed only for first-level, general nurses (registered nurses-RNs) educated outside of the United States.

The Certification Program is valuable to internationally educated registered nurses for the following reasons:

- The CGFNS Certification Program Certificate is required of internationally-educated registered nurses by a majority of U.S. states in order to take the NCLEX-RN licensure examination.
- CGFNS Certification Program Certificate holders consistently have a higher rate of success on the NCLEX-RN examination than internationally-educated nurses who do not hold the Certificate.
- The CGFNS Certification Program Certificate helps internationally-educated registered nurses in their quest for an occupational visa to practice in the U.S. CGFNS was named in section 343 of the Illegal Immigration Reform and Immigrant Responsibility Act of 1996 as an organization qualified to administer a screening program for healthcare professionals who are seeking an occupational visa. For internationally-educated nurses who have not taken the NCLEX-RN exam, passing the CGFNS Qualifying Exam fulfills one of the requirements of section 343.

CGFNS has rostered and tested over 300,000 Certification Program applicants since 1977. Over 120,000 of those applicants have met all stated requirements at the time of their application and have received their Certification Program Certificate.

CGFNS Certification Program Certificate holders consistently have a higher rate of success on the NCLEX-RN® examination than internationally-educated nurses who do not hold the Certificate.

Table of Contents

Introduction to CGFNS Certification	2
What This handbook Contains.....	2
The Three-Part CGFNS Certification Program.....	2
Chart 1: Overview of the Process for CGFNS Certification	3
How to Apply	3
Chart 2: Checklist To Prevent Common Application Problems.....	7
The Nursing Education Form and Full Academic Transcript	8
The Validation of Registration/License Form	8
CGFNS Reviews Credentials to Determine Eligibility for CGFNS Certification	8
Are You a First-Level, General Nurse?	8
Do You Meet the Educational Requirements?	9
Do You Have Appropriate Registration Documents?	9
Are Documents Authentic	9
CGFNS Notifies Eligible and Ineligible Applicants	9
Eligible Applicants	9
Ineligible Applicants	9
CGFNS Notifies Eligible and Ineligible Applicants	10
Your Exam Date and Location	10
Changing Exam Date or Location, Your Name or Address	10
Registering for an English Proficiency Examination	11
Preparing for the CGFNS Qualifying Exam and English Proficiency Exams	12
Nursing Review	12
The <i>Official CGFNS Study Guide for the CGFNS Qualifying Exam</i>	12
Supplements to the <i>Official CGFNS Study Guide for the CGFNS Qualifying Exam</i>	12
Understand Multiple-Choice Testing	12
English Review	13
Taking the CGFNS Qualifying Exam and an English Proficiency Exam	13
Preparing for the CGFNS Qualifying Exam	13
At the Exam Center	13
The Exam Schedule	14
Inappropriate Activities	14
Exam Results and Diagnostic Profile	14
Earning the CGFNS Certificate	15
Unsuccessful Completion of the Certification Program.....	15
Re-Scoring of Exams	15
Guidelines for Communicating with CGFNS	15
Third Party Inquiries and The Authorization to Release Information Form	15
World Wide Web	16
E-mail	16
Fax	16
Letters	16
Telephone Calls	16
In the Event of Natural Disaster	16
Chart 3: Communication Guidelines	17
Exam Locations & Center Numbers	18
Authorization to Release Information Form	19
Credit Card Payment Form	20
Request for Validation of Registration/License For Certification Program	21
CGFNS Certification Program Application Form	23
Nursing Education Form	27
Photo ID Card	29
Fee Schedule	30

Introduction to CGFNS Certification

Every year, thousands of nurses from around the world decide that they would like to practice as registered nurses in the United States (U.S.). The Commission on Graduates of Foreign Nursing Schools (CGFNS), and the CGFNS Certification Program (CP), can help you work toward your goal. The Certification Program is a three-part program designed specifically for **first-level, general nurses educated outside the United States** who are eligible to practice as registered nurses in the United States. It includes:

- Education and license review
- Qualifying Exam of nursing knowledge
- English language proficiency examination

To be eligible for a CGFNS Certificate, you must meet the educational and licensure credentials criteria and pass the two exams.

What This Handbook Contains

1. Information on the Certification Program and process
2. Instructions to complete the application
3. Application Forms and reference material, which include:
 - CGFNS Exam Locations and Important Dates
 - Application for the CGFNS Certification Program
 - Authorization To Release Information Form
 - Credit Card Payment Form
 - Request for Validation of Registration/License Forms
 - Nursing Education Form: Certification Program
 - CGFNS Photo Identification Card
4. Guidelines for communicating with CGFNS

The *CGFNS Certification Program Applicant Handbook* describes how to apply for and earn a CGFNS Certificate. There are many steps (see Chart 1). Please read this entire handbook before completing any of the application forms. The detailed description of each step will help you to understand the process.

All applications are processed by CGFNS at its headquarters in Philadelphia, PA, USA. If you have any questions or concerns as you proceed through the CGFNS Certification Program, please contact the CGFNS Customer Service Department. Refer to pages 15-17 for guidelines on communicating with CGFNS. For additional information on CGFNS and its services, please visit our website at www.cgfns.org.

The Three-Part CGFNS Certification Program

Part One - Credentials Review

CGFNS certifies that you are a first-level, general nurse (as defined historically by the International Council of Nurses) by evaluating your education and registration/license.

Part Two - Qualifying Exam of Nursing Knowledge

The Qualifying Exam is a one-day test of your nursing knowledge. It is a paper and pencil exam that is given in two parts. Part One in the morning and Part Two in the afternoon.

Part Three - An English Language Proficiency Examination: TOEFL, TOEFL iBT, TOEIC, or the Academic Module of IELTS

An English language proficiency examination is taken to determine your proficiency in the English language. The following examinations have been approved to meet the language proficiency requirement:

- Test of English as a Foreign Language (TOEFL)
- Test of English as a Foreign Language – Internet-based (TOEFL iBT)
- Test of English for International Communicators (TOEIC)
- International English Language Testing System (IELTS)

See page 11 for contact information.

For an applicant to be exempt from the English proficiency requirement, they must meet ALL of the following criteria:

- country of nursing education was in United Kingdom (England, Wales, Northern Ireland and Scotland), Australia, Canada (Quebec approved schools include: McGill University and Dawson College in Montreal, Vanier College in St. Laurent, John Abbott College in Sainte Anne de Bellevue, and Heritage College in Gatineau), South Africa, New Zealand, Ireland, Trinidad/Tobago, Jamaica, Barbados or the United States.
- language of instruction and language of texts was English.

If a CGFNS Certification Program applicant does not meet ALL of these criteria, they must take an English proficiency examination.

You must pass all three parts of the Certification Program in order to earn the CGFNS Certificate.

Chart 1: Overview of the Process for CGFNS Certification

Actions You Take	Actions CGFNS Takes
Complete an Application Form with complete fee. Prepare and send Request for Validation of Registration/License Forms to your a) licensing authority in your country of nursing education, and b) licensing authority(ies) where you are currently registered/licensed.	CGFNS sends you an identification number and CGFNS <i>Official Study Guide</i> .
Prepare and send a Nursing Education Form to your school.	CGFNS reviews your eligibility.
	CGFNS notifies eligible and ineligible applicants of status.
Register with the examining institution for the English proficiency exam.	
Request English proficiency exam results be forwarded to CGFNS.	
Prepare for the CGFNS Qualifying Exam and English proficiency exam.	CGFNS notifies eligible applicants of date and location of exam.
Take the CGFNS Qualifying Exam and English proficiency exam.	CGFNS notifies you of Qualifying Exam results.

How to Apply

The most convenient way for you to apply is online at www.cgfns.org. Completing the application online will give you the advantage of speeding up the process. You can download a printable version of the Application for the CGFNS Certification Program for Registered nurses at www.cgfns.org. You can also find an application form in the back of this handbook. Please follow the instructions exactly as indicated.

Item 1: Preliminary Information

- 1a. If you have ever applied for any CGFNS services, mark the “Yes” box. If this is your first time applying to CGFNS or ICHP, mark the “No” box.
- 1b. If you marked the “Yes” box in item 1a, fill in your CGFNS/ICHP Identification Number in the space provided.
- 1c. Please fill in the name of the state in which you intend to practice.
- 1d. Fill in the number of years of practice in your home country and specialty/location of practice.

Item 2: Your Name

Print or type your full legal name as you would like it to appear on all correspondence sent to you. Put only one letter in each box. Leave a blank space between each name. Keep in mind that the way you list your name on the application will be the way it appears on the Certification Program Certificate.

Item 3. Other Names

Please supply all names you have used in the past. This is necessary because CGFNS must be able to recognize all your documents, no matter what form of your name appears on them. Any variation of your name should be printed in this space. **This would include your birth name as well as different spellings, informal variations, abbreviations and different orders of your name.** Include with your application any legal documentation or notarized affidavit(s) verifying your name change. For instance, if married, a marriage certificate or notarized affidavit should be attached. If you need additional space, list your names on a separate sheet of paper.

Item 4: Birth Date

Enter the month, day and year of your birth. The month should be spelled, not listed as a number.

Item 5: Gender

Enter whether you are male or female.

Item 6: Your U.S. Social Security Number

The U.S. Social Security Number is an identification number which is issued by the U.S. Government. Please enter this number, if applicable.

Item 7: Marital Status

Enter your marital status.

Item 8: Your Addresses

Enter one letter or number into each box. Make sure that you provide CGFNS/ICHP with the exact building number, street name, city, state/province, postal zip code and country.

a. Permanent Address

Enter the address where you reside.

b. Mailing Address

Enter the address where you want to receive all mail from CGFNS. If you authorize someone else to receive your mailing from CGFNS/ICHP, all correspondence will go to that person's address.

If your address changes at any time during the application process, you must notify CGFNS/ICHP in writing (e-mail will not be accepted); or, make changes to your contact information on the CGFNS On-Line Application System at www.cgfns.org.

Item 9: Your Telephone Number, Mobile (cell phone) Number, Fax Number and E-mail Address

Please enter contact information where you can be reached. Please answer the questions regarding cell phone and text messaging contact by CGFNS.

Item 10: Country of Birth, Native Language and Citizenship

Please list your country of birth and country of current citizenship. Please provide a citizenship identification number or identification number from country of birth, if applicable.

Item 11. Pre-Nursing Education

List the primary, intermediate and secondary schools you attended, the countries in which the schools were located and your dates of attendance. Include a clear photocopy of your secondary school diploma or external examination certificate. If you completed your secondary school over 10 years ago this requirement may be waived.

- **Diploma not in English**

If your diploma or certificate is not in English, you must attach a complete, literal English translation. It must not be a summary, and the translator must not try to adapt the wording or title to those of U.S. degrees. The following sentence, called a “**Certificate of Accuracy**,” must be typed or written at the end of the translation and must be signed by the translator. It does not need to be notarized.

Example of Certificate Of Accuracy

“This is to certify that this is a true and correct English translation of the attached photocopy of the original
[name of document] of [applicant’s name]”

- **Unable to Obtain a Copy of Your Diploma**

If you cannot obtain a copy of your **diploma**, you may ask your secondary school to send a letter directly to CGFNS, confirming your dates of attendance and date of graduation. If you cannot obtain a copy of your certificate that was awarded based on the **results of an external exam** (for example, GCE, GCSE, Irish Leaving Certificate, WAEC), you may ask the examining board to send a letter directly to CGFNS certifying the grade(s) earned on the examination(s).

Letters submitted by a secondary school or examining board must be written on official stationery, be signed by a school principal, headmaster or an examining board official, and contain the school’s or examining board’s stamp or seal. If the letter is not in English, remember to include a literal translation with a Certificate of Accuracy signed by the translator.

- **Form V**

Applicants educated in countries where completion of “Form V” is considered completion of secondary school may submit one of the following documents as verification:

- statement of completion of “Form V” issued by the headmaster or school principal
- official secondary school transcript showing completion of “Form V,” or
- external examination results.

Item 12. Nursing Education

Enter the nursing title obtained in your country as it appears on the Registration using English characters. CGFNS can only accept the completed Nursing Educational Form and transcripts from the authorized issuing body.

Item 13. Nursing Program

Mark the areas included in your nursing education. If your nursing school has closed, you will need to contact the Ministry of Education or Health or licensing agency in your country for information on obtaining your records.

Item 14. Nursing Experience

Please enter the number of years of nursing experience you have.

Item 15. Nursing Registration (Initial and Current)

Be sure to answer both questions. **CGFNS will not accept nursing examination results as proof of nursing registration/licensure.** You must complete the Request for Validation of Registration/License Forms and send those forms to **each** of the following:

- your original nursing registration from the jurisdiction (the legal authority) in the country where you received your general nursing education, and
- all current general nursing registration(s) or documentation of lifetime registration. Licenses issued in countries with lifetime registrations must be validated every three years. If your nursing diploma authorizes practice in your country, of the issuing body (nursing school, Ministry of Health, etc.) must complete both the Nursing Education Form and the Nursing Registration Form. This is to verify that your authority to practice is valid and not restricted, suspended or revoked.
- If you run out of Request for Validation of Registration/License Forms, CGFNS will accept an original letter verifying your registration status. This letter must be sent directly to CGFNS from the registration authority in the jurisdiction where you are registered, and must contain all of the information requested on the Request for Validation of Registration/License Forms. The letter must be on official stationery, signed by the registration official and sealed with an official seal. Because of the importance of verifying the authenticity of your registration, a photocopy of this letter will not be accepted.

Item 15a Enter your legal nursing title in the country where you received your general nursing education.

Item 15b asks for information regarding your registration/license, and whether it has ever been revoked, suspended or restricted. Be sure to answer this question for all registrations/licenses that you hold now or have held in the past. **Failure to answer both questions in Item 15 will result in a delay.**

Item 16. Nursing Exam Locations and Dates

To complete Item 16, you will need to refer to the chart, **CGFNS Nursing Exam Locations and Important Dates**, included with this handbook. Choose two exam dates and two exam locations. The chart lists the Exam Center Number you will need for Item 16. It also indicates the specific Exam Centers open for each of the exam dates in a given year. Upon approval, every effort will be made to schedule you for your first choice. If your first choice is not available, you will be scheduled for your second choice. A test center may not remain open for a particular exam due to insufficient numbers of applicants for that center or an unstable political environment. Please note the application deadlines for each exam listed on the chart and choose your exam date and location thoughtfully. You will lose your application fee if you miss the exam for which you were scheduled, and did not request a change of date or location more than 10 weeks before that exam date. In this case, you will need to re-apply and pay the re-application fee in order to take the exam at a later date.

Deadlines

The “deadline” is the last day that CGFNS can receive (in Philadelphia, PA, USA) your completed **Application Form, Nursing Education Form and transcripts, License Validation Form, secondary school document and payment in full**, and still have time to approve your application to schedule you for the exam of your choice. **If CGFNS receives any of these application materials after the deadline for your first choice of exam date, you will not be eligible for that choice.** However, you will be automatically considered for the other exam date you selected or for the next available exam. (For a description of a complete application, see Chart 3, page 8.)

Remember: Aside from delays caused by the mail, the complexity of working with foreign documents means it can take as long as three months to completely review an application for an exam. Still, CGFNS makes every effort to review your application for the CGFNS Qualifying Exam as quickly as possible.

Item 17. Special Needs

If you have a disability, special testing arrangements will be considered, at no extra cost, as long as you make your request on the Application Form (Item 17) and include a letter from an appropriate medical professional confirming your diagnosis. This letter must be signed by a medical professional and describe the accommodations that need to be made for your disability or those that have been provided in the past by your school or other testing organizations.

Item 18. Photographs and Photo Identification Card

CGFNS requires you to send three, passport-sized photographs. Each must be recent, clear and **signed on the front and back**.

Item 19. Application Fee

The Application fee can be paid by:

- Credit card payment — CGFNS accepts Visa, MasterCard and Discover/Novus (CGFNS does not accept American Express).
- International money orders or certified bank checks made payable to “CGFNS”.

Personal checks are not accepted.

Do not send cash in the mail.

All fees must be paid in U.S. dollars drawn on a U.S. bank.

The full application fee must be paid before your application and file will be reviewed. Note that any money submitted to CGFNS/ICHP will first be applied to any unpaid balance from previously ordered products or services before new orders are processed.

The fee covers the expense of processing your application, reviewing your credentials, and preparing, administering and scoring your exam. If your credentials do not show that you are an eligible candidate for the CGFNS exam, a portion of the fee will be refunded.

If your payment by check or credit card is uncollectible, canceled or charged back for any reason, CGFNS will charge you an additional \$50.00 fee.

Item 20. Terms and Conditions of the Certification Program Application

This is a summary of the responsibilities of both parties.

Item 21. Attestation

The attestation in Item 21 creates a contract between you and CGFNS. It explains the terms under which CGFNS will review your application. After reading it carefully, sign and date the form. Certify that all documents which have been submitted to CGFNS for any purpose have not been falsified, altered or tampered with by any person. CGFNS and others will rely on this application and on the documents and information submitted. If any of it is falsified, altered or tampered with, or if you alter a CGFNS Certificate or a CGFNS Report or misrepresent a copy as an original, CGFNS may take any disciplinary action against you that it deems appropriate, including barring you from future examinations or from participation in any CGFNS programs. The consequences could adversely affect your professional license, immigration status, employment and other matters.

Signature

Sign the Application Form with the same name as you indicated in Item 2 of the application. You will be required to use the same signature each time you correspond with CGFNS or when CGFNS asks for your signature. If you earn a CGFNS Certificate, it will be issued using the name provided on your application. The Application Form does not need to be notarized.

If You Choose to Mail Your Application

After completing your Application Form, send it to CGFNS, along with a photocopy of your secondary school diploma or external exam certificate, the Photo Identification Card, your passport-sized photos and all required fees. Send your application materials to the following address:

CGFNS
Attn: CP Application
3600 Market Street, Suite 400
Philadelphia, PA 19104-2651 USA

Chart 2: Checklist To Prevent Common Application Form Problems

Check Each Item Below to Ensure that You Avoid Common Application Problems

Before signing and mailing your application, check to see that:

- ☐ you have entered a response to every item
- ☐ you have included, in Item 3, every form of your name that appears on your application documents, and any necessary proof of your other names
- ☐ you have attached a legible photocopy of your pre-nursing education documentation, or had an official letter sent to CGFNS by your school or had proof of external exam results sent to CGFNS by the examining board (see page 4)
- ☐ you have completed the enclosed Request for Validation of Registration/License Forms and sent them to the appropriate licensing authorities (see page 8)
- ☐ you have completed and forwarded the enclosed Nursing Education Form and request for transcripts to your school of nursing (see page 8)
- ☐ every document is either in English or has a literal English translation attached that includes a Certificate of Accuracy, signed by the translator (see page 4)
- ☐ your three photos are recent, clear, passport-sized pictures
- ☐ you have signed the three photographs on the front and back and attached them to the appropriate forms
- ☐ you have included credit card payment, international money order or certified bank check for the appropriate exam fee in U.S. dollars, drawn on a U.S. bank, payable to "CGFNS." **DO NOT SEND CASH.**

CGFNS will not return any of the documents that are part of your complete application.

Remember to send only legible photocopies, not originals, of the documents CGFNS requests directly from you. Applications remain open for one year (12 months).

The Nursing Education Form and Full Academic Transcript

To give CGFNS the necessary information about your nursing education, it is very important for you to complete Section I ("To the Applicant") of the Nursing Education Form included in the Certification Program Handbook. Section II is to be completed by your school of nursing. Like the other application materials, the Nursing Education Form and educational transcripts must arrive at CGFNS before the application deadline for the desired test exam date. Avoid delay by providing the form to your nursing school early and by informing the school about the deadline.

Complete only Section I of the Nursing Education form, then send the form to your school, requesting that the school complete Section II and return it directly to CGFNS.

Section I

Complete items 1-9. Make sure this information is consistent with your application.

Section II

The nursing school must enter the number of hours of theoretical instruction and number of hours of clinical practice you received in each of the areas of nursing listed on the form. An incomplete Nursing Education Form will result in delays in processing your application.

- Only Nursing Education Forms and academic records/transcripts submitted to CGFNS directly by your school will be processed. **Forms and transcripts submitted by you, even if in a sealed envelope from the school, cannot be accepted, and you will be asked to have a new form and transcripts submitted directly to CGFNS by your school.**
- If you attended more than one nursing school, including a school of midwifery, photocopy both sections of the Nursing Education Form after you have filled out Section I. Send the copies to each school you attended, asking that Section II be completed.

- You must have your school send official copies of your complete academic records/transcript(s) along with the Nursing Education Form. An academic transcript is a list of all the courses you completed and the number of hours of instruction you received in each course.
- If your academic records are not in English, you must have the issuing authority provide a certified translation with a “**Certificate of Accuracy**” signed by the translator.

Example of Certificate Of Accuracy

“This is to certify that this is a true and correct English translation of the attached photocopy of the original [name of document] of [applicant’s name].”

The Validation of Registration/License Form

To give CGFNS the necessary information about your nursing license, it is very important for you to complete the front portion of the **Request for Validation of Registration/License for Certification Program** form included in the Certification Program Application Packet. Your licensing agency must complete the Section titled “For Registration Authority Use Only.”

Like the other application materials, the Validation of Registration/License for Certification Program form must arrive at CGFNS before the application deadline for the desired test exam date. Avoid delay by providing the form to your licensing agency early and by informing the agency about the deadline. It is a good idea to contact the agency a week after you send your form to them and ask about its status.

CGFNS Reviews Credentials to Determine Eligibility for CGFNS Certification

In reviewing your eligibility for the Certification Program, CGFNS staff members give personal attention to each application. They make decisions based on CGFNS’ most current knowledge of nursing education and registration/licensure around the world. To ensure that all applicants are treated fairly, CGFNS reserves the right to re-evaluate any application at any point in the future if we receive information about a jurisdiction’s nursing education and registration requirements.

When CGFNS staff members review your documents to determine your eligibility for the CGFNS Certification Program, they ask the following questions:

Are You a First-Level, General Nurse?

You must be educated and hold both initial and current registration/licensure as a “first-level, general” nurse as defined historically by the International Council of Nurses.

- A **first-level nurse** is called a registered or a professional nurse in most countries. A **second-level nurse** may be called an enrolled, a vocational, a practical nurse or a nurse assistant. Second-level nurses are not eligible to be licensed as registered nurses in the U.S. and, therefore, are not eligible to take the CGFNS Qualifying Exam.
- A **general nurse** studied theory and had clinical practice in a variety of nursing areas. A nurse who specialized in one area without being educated and registered/licensed as a general nurse (for instance, midwife, pediatric nurse or psychiatric nurse) is not eligible to take the CGFNS Qualifying Exam. **Physicians and other healthcare or allied health professionals who have not completed a curriculum in an approved nursing school are not eligible to take the CGFNS Qualifying Exam.**

Do You Meet the Educational Requirements?

CGFNS requires evidence that you have:

- successfully completed a secondary school education that is separate from your nursing education
- graduated from a government-approved, general nursing program of at least two years in length
- received theory and clinical education in each of the following: nursing care of the adult (which includes medical and surgical nursing), maternal/infant nursing, nursing care of children and psychiatric/mental health nursing
- If you graduated from a government-approved, general nursing program, but have not had theory and clinical practice in one of the areas of nursing listed above, you may be able to meet the CGFNS requirement by passing a nursing course in the missing area. The course must be offered by a government-approved school of nursing and must contain both theory and clinical practice in the same course. Non-academic work experience and in-service education do not meet CGFNS' education requirement for eligibility.
- If you have not completed a secondary school education that is separate from your nursing education, you can meet the CGFNS pre-professional education requirement by obtaining a General Education Development (GED) Diploma, an equivalency diploma recognized in the United States. For information contact:

GED Testing Service
American Council on Education
One Dupont Circle N.W., Suite 250
Washington, D.C. 20036 USA
Telephone: (202) 939-9490

Do You Have Appropriate Registration Documents?

Your registration/licensing authorities must provide CGFNS with evidence of the following:

- initial registration as a first-level, general nurse in the country where you completed your general nursing education; and
- current, first-level, general nurse registration.

If CGFNS has questions about your documents, the respective registration/licensing authority may be asked to clarify materials or provide additional documentation so that the review of your application can continue. Further information may be required after the initial review.

If your country does not issue a license, and your nursing diploma authorizes you to practice, you must still forward the Validation of License Form to the issuing authority and request they validate your diploma to ensure there has been no revocation, suspension or restriction to practice.

Are Documents Authentic?

If CGFNS finds that your documents have been altered in any way, or information contained in your application is false, you will not be permitted to take the CGFNS Qualifying Exam. This includes all documents and application materials submitted by you, or on your behalf by another person. Therefore, before anything is sent to CGFNS, make certain that none of the material has been falsified or altered in any way. Submission of falsified or altered documents will result in your file being sealed, loss of your entire application fee, ineligibility for future CGFNS/ICHP services and loss of any fees for service that were submitted to CGFNS.

CGFNS Notifies Eligible and Ineligible Applicants

Eligible Applicants

If you qualify to take the CGFNS Qualifying Exam, you will receive a letter of approval from CGFNS. If you have received this letter but do not appear as rostered on the CGFNS web site, call or fax CGFNS immediately. When you contact CGFNS, include your CGFNS ID number and a return phone number or fax number.

Ineligible Applicants

If, after review of your credentials, CGFNS finds that you are not eligible either for the CGFNS Qualifying Exam or to receive the certificate, you will receive a letter explaining the reasons. It is not unusual for applicants to be declared ineligible for the exam. In many cases, applicants may become eligible for the exam with further education.

Exam Rostering for Eligible Applicants

Once you are scheduled (“rostered”) to take the CGFNS exam, your date and exam location will be posted on the CGFNS web site, www.cgfns.org. You must check your schedule and eligibility information on our web site.

You must go to the web site and look up your information. If you wish, you may print a copy of your exam schedule information to keep for your records. We strongly suggest that you print a copy as confirmation of your schedule.

To access your exam schedule (“roster”) information, you must:

- Go to the official CGFNS web site, www.cgfns.org
- On the first web page, locate the link “ON-LINE EXAM SCHEDULE INFORMATION,” and click on this link
- In the new window, enter your permanent CGFNS identification number
- In the “Select CGFNS CP Exam Date” drop-down box, select an exam date
- Click on the button labeled “SUBMIT”

Your exam schedule information will be displayed and you may print this page for your records.

If you are not scheduled (“rostered”) for that exam, you will be advised.

On the day of the exam, simply go to the location of your exam at the appointed time. You must take at least one (1) form of official, government-issued photo identification (such as your passport) with you to the exam location. You will not be admitted to the exam without proper identification.

Examples of acceptable identification:

- Passport
- Professional Regulation Commission ID card
- Nursing license (if it contains your photograph)
- United States state driver’s license (not an International Drivers Permit)

Your Exam Date and Location

CGFNS can usually schedule you for your first choice of exam date and location. If, however, your first choice of exam date or location is full by the time you are found eligible, CGFNS will automatically schedule you for your second choice of exam date or location choice. If you did not indicate a second choice of exam date or location on your application, you will usually be scheduled for the next exam to be given at your first choice of location. If the CGFNS Exam Center you choose is not operating for the desired exam date, CGFNS will inform you of your options for a different exam date or location. CGFNS posts all ID numbers that are scheduled for the upcoming exam on its’ website at www.cgfns.org. Time and location of the exam center is also found on this site.

Applicant files undergo the Eligibility Review in the order in which they are found to be complete. Therefore, send all of your documents to CGFNS as early as possible before the deadline date for the desired exam date.

Please note: CGFNS reserves the right to close any center in its sole judgment, including, without limitation, when hostilities pose a threat to applicants and/or center management staff. CGFNS will not be responsible for any expense, loss or damage resulting from an applicant attending a test venue, and each applicant's rostering will constitute a release of CGFNS from any related liability, including, without limitation, any personal injury or death. Although we desire and intend to remain open in all test sites around the world, it may become necessary to close one or more sites on short notice as the situation dictates. For up-to-date information on any test site closing, log onto the CGFNS website, www.cgfns.org. Click on the "News and Events" and then "What's New" options.

Changing Exam Date or Location, Your Name or Address

If you need to change your scheduled Exam Center or exam date, or if you have changed your legal name, CGFNS can make the change in your application file as long as we receive your written request, signed or on the CGFNS website (not e-mail), no later than 10 weeks before the exam date you requested. E-mail requests for change of date, location, or name and address will not be accepted at any time. Requests to change your mailing address also must be in writing or through the website, but can be made at any time. In your letter requesting any of these changes, remember to include your CGFNS ID Number and birth date.

Registering for an English Proficiency Examination

Applicants applying to the CGFNS Certification Program must pass an English language proficiency examination. You may be exempt from the English language proficiency requirement if you meet all of the following criteria:

- Native language is English
- Country of nursing education was Australia, Barbados, Canada (except Quebec), Ireland, Jamaica, New Zealand, the United Kingdom, South Africa, or Trinidad and Tobago
- Language of instruction was English
- Language of textbooks was English

If you do not meet all of the above criteria, you are required to take and pass an approved English language proficiency examination. (Note: English exam scores are valid for 2 years)

Currently, you may select from the following English proficiency examinations to take as part of the Certification Program:

- 1. Test of English as a Foreign Language (TOEFL or TOEFL iBT)**, administered by the Educational Testing Service (ETS).
Passing Score: 540 (paper/pencil version) or 207 (computerized version)

For Registered Nurses active in the CGFNS Certification Program, (CP) only a passing Total score is required.

As of November 21, 2005, the following Total and Speaking section scores will be utilized as acceptable minimum passing scores for TOEFL iBT:

- Registered Nurses, Clinical Laboratory Scientists, (Medical Technologists) Speech Language Pathologists, Audiologists and Physician Assistants: *Total 83*

These scores are subject to change when a final decision or announcement is published by the Department of Homeland Security, Citizenship and Immigration Services (USCIS) regarding the approval of minimum passing TOEFL iBT scores for the designated healthcare professions.

- 2. Test of English for International Communication (TOEIC)**, administered by ETS. *Passing Score: 725*

- 3. International English Language Testing System (IELTS)**, administered by the Cambridge ESOL Examinations, the British Council and IDP Education Australia. *Passing Score: 6.5 Overall (Academic Module)*

You must pass both the CGFNS Qualifying Exam and the required English proficiency exams within two-years of each other, in any order. In addition, **all Exam scores must be forwarded to CGFNS by the administering body**; CGFNS will not accept an official score report submitted by the applicant or any third party. You must request that your test scores be sent to CGFNS.

Contact Information

You must apply directly with one of the following companies to take any of the above-mentioned English exams:

TOEFL or TOEFL iBT

TOEFL Services

Educational Testing Service
P.O. Box 6151
Princeton, NJ 08541-6151 USA
Telephone: (609) 771-7100
Website: www.ets.org

TOEIC Testing Program

Educational Testing Service (ETS)
Rosedale Road, MS 49-N
Princeton, NJ 08541 USA
Telephone: 1 (800) 241-5393
Fax: (609) 683-2667
Email: toeic@ets.org
Website: www.ets.org/toeic

IELTS

IELTS International
100 East Corson Street, Suite 200
Pasadena, CA 91103 USA
Telephone: (626) 564-2954
Email: ielts@ceii.org
Website: www.ielts.org

If registering for the TOEFL, please be sure to reference code number 9988 on your application form. This number is extremely important to identify you as a CGFNS candidate and ensures that your TOEFL results will be forwarded directly to CGFNS. If registering for the TOEIC or IELTS, be sure you request that your scores be sent to CGFNS.

Preparing for the CGFNS Qualifying Exam and English Language Proficiency Exams

Nursing Review

Since each exam that CGFNS gives is a new test version, the best way to prepare for the nursing exam is to review what you learned in your basic nursing education program. Study textbooks in nursing care of the adult (medical and surgical) nursing, maternal/infant nursing, nursing care of children, and psychiatric/mental health nursing. You also can benefit from reviewing the nursing process and patient needs as taught in the United States (see below for information on the Official Study Guide for the CGFNS Qualifying Exam to help you prepare for the exam).

The Official Study Guide for the CGFNS Qualifying Exam

CGFNS has developed a study guide to help you understand multiple-choice questions and identify your strengths and weaknesses in nursing knowledge. This guide is not a substitute for basic education or an in-depth review of nursing textbooks. Using it does not guarantee a passing result on the CGFNS Qualifying Exam. The sample questions used in this guide were once actual exam questions but will not appear on the exam you will be taking. The Official CGFNS Study Guide includes:

- Sample nursing questions with explanations of the answers
- Complete examples of CGFNS Qualifying Exams with sample answer sheets and rationales for both correct and incorrect answers
- Chapter on how to understand multiple-choice questions
- Reading list for all areas of nursing in the exam, and
- Description of the way nursing is practiced in the United States

The Official CGFNS Study Guide will automatically be sent to you upon receipt of your application and full payment. For additional study aids, use the CGFNS StoreFront Order Form or log onto the CGFNS website at www.cgfns.org.

Supplements to the Official Study Guide for the CGFNS Qualifying Exam

CGFNS has developed additional study materials for sale on each of the four major areas of nursing in the United States. Each of these publications comes complete with a practice examination of 125 questions related to the publications subject, and rationales explaining why the correct answer is correct and why the other options or answers are incorrect. These supplemental study guides may be ordered from the CGFNS Storefront, www.cgfns.org.

- The Adult Health Nursing Study Guide Supplement focuses on nursing knowledge exam questions associated with the adult patient with acute or chronic illness in any healthcare setting.
- The Nursing of Children Study Guide Supplement focuses on nursing knowledge exam questions associated with preventing illness and injury in children.
- The Maternal/Infant Nursing Study Guide Supplement focuses on nursing knowledge exam questions associated with the care of childbearing women and their families through all stages of pregnancy and childbirth, as well as the first four weeks following birth.
- The Psychiatric/Mental Health Nursing Study Guide Supplement focuses on nursing knowledge exam questions associated with the interpersonal process that promotes and maintains patient behavior (mental health).

Understanding Multiple-Choice Testing

The CGFNS Qualifying Exam is a “multiple-choice” test. This means you will choose a correct answer to each question from among four possible choices printed in the test booklet, and then mark your selection on an answer sheet (see Figures 1 and 2). You will not write answers in your own words.

In the exam, the multiple-choice questions generally start by describing a patient, some symptoms, treatments, and nursing care the patient will receive. This description contains all the information you need to choose the correct answer to the accompanying question.

Sample Question
 Edna Morton, 60 years old, has just been told that she has diabetes mellitus. The physician has prescribed an oral hypoglycemic agent, tolbutamide (Orinase). When teaching Mrs. Morton about her diet, the nurse should emphasize which of these aspects?

Possible Answers
 A. Eating most meals at home.
 B. Eliminating desserts except fruit.
 C. Being aware of the availability of special diabetic foods.
 D. Maintaining a regular meal schedule.

Sample Answer Sheet

 1 A B C D
 ○ ○ ○ ○

 2 A B C D
 ○ ○ ○ ○

 3 A B C D
 ○ ○ ○ ○

Figure 2: In a multiple-choice test, you fill in a blank circle on an answer sheet to indicate which answer you believe is correct.

Figure 1: An example of a multiple-choice nursing question such as those found on the CGFNS exam.

English Review

To help you become familiar with the types of questions on the English proficiency exam, CGFNS has included English language practice questions in its Official Study Guide (see page 12). English study materials also may be obtained directly from the examining body. You may also purchase English language practice audio tapes from CGFNS.

Taking the CGFNS Qualifying Exam and English Proficiency Exam

Arrangements to take the English proficiency exam must be made directly with the appropriate examining body (see page 11). The CGFNS Qualifying Exam takes a full day, beginning early morning and ending late afternoon. Please plan your travel accordingly. If you need a visa to travel to the Exam Center, apply to the proper authority early enough to have your papers before your departure for the exam.

Preparing for the CGFNS Qualifying Exam

1. Begin your study preparation even before you receive confirmation of your test date.
2. Make your exam location requests wisely recognizing possible visa or travel limitations you may experience.
3. CGFNS does not operate, license, endorse, or recommend any training, review, online courses, schools, or study materials that claim to prepare applicants for the CGFNS Qualifying Exam.

At the Exam Center

Plan to arrive at your Exam Center at the time your Exam Permit indicates. If you are late, regardless of the reason, you will not be admitted to the exam. By not admitting latecomers, we avoid disrupting the exam in progress and give everyone the same amount of time to take the exam.

Family and friends are not permitted in the exam room. Nor are books, papers, cameras, calculators, tape recorders, cellular phones or pagers. Wear comfortable clothes and do not bring valuable items or large amounts of money to the exam. You will be given two special pencils to use, but you should bring your own eraser and pencil sharpener. You also may bring your lunch, so you can be sure you will be back from the lunch break in time. You will not be allowed to eat or drink while the exam is in session.

When you arrive, CGFNS exam staff will ask you to sign your name on a register. Bring a passport and official government-issued identification that includes your photograph.

In the exam room, please follow exactly the instructions that CGFNS staff members give you. The exam personnel and you must follow certain rules about seating arrangements and behavior during the exam. For example, staff will assign you a seat that you may not change; a staff member must accompany you if you have to leave the room; and you may not talk during the exam. No exceptions will be made to the rules. During the exam, CGFNS staff members observe all of the test takers to make sure everyone follows these instructions.

Only applicants who are officially scheduled by the authority of the CGFNS Headquarters are authorized to take the exam. Scores obtained and applications submitted by unscheduled individuals will be invalid, null and void. Re-application for a future exam and the corresponding fee will need to be submitted.

The Exam Schedule

The exam schedule includes morning and afternoon sessions, plus a lunch break. The day will begin with morning registration, followed by Part I of the nursing exam, which contains 150 questions. Then there will be a lunch break and afternoon registration, followed by Part II of the exam which contains 110 questions.

Before each part of the exam, a CGFNS staff member will give you an exam booklet containing instructions and questions. The instructions will be read aloud in English, while you read silently. The CGFNS exam supervisor will tell you when to begin working on the exam and when you must stop.

If you are unsure of an answer, it is better for you to guess than not to answer at all. However, if you mark more than one response to any question, that question will automatically be scored as incorrect. Mark your answers directly on the answer sheet, not in the exam booklets. Be sure you mark your answer sheet firmly so that your responses are clear when the exam is scored.

Inappropriate Activities

Because the CGFNS Qualifying Exam is designed to measure your nursing knowledge, no one may give or receive help during the exam. Inappropriate help includes getting assistance from anyone other than a CGFNS staff person, helping another test taker, referring to other printed material or working on an inappropriate section of the exam. Anyone who gives or receives such help will be asked to leave the room. That person's answer sheets will not be scored. The event will be recorded and reported to CGFNS, and the person may be barred from taking any future CGFNS Qualifying Exams.

The attestation section of the CGFNS Certification Program application form indicates that applicants should not engage in any activity which could be interpreted as restructuring of questions that are on the exam. Applicants should refuse any requests by third parties, i.e. friends, recruiters or employers to memorize questions or give them details regarding the content of the tests. Such activities will result in the applicant's test being voided and may prevent them from being eligible for all future exams.

If you see anyone not following the rules and instructions, or if you observe a disturbance of any kind during the exam, please report this to the CGFNS exam supervisor at the time it occurs or before you leave the Exam Center. You may also communicate your experience in writing to the following address:

CGFNS
ATTN: Test Services
3600 Market Street, Suite 400
Philadelphia, PA 19104-2651
USA

All allegations related to inappropriate activities are taken seriously by CGFNS and will be investigated to ensure the integrity and validity of the exam.

Exam Results and Diagnostic Profile

Six to eight weeks after you take the CGFNS Qualifying Exam, CGFNS will send you a letter telling you whether you passed or failed the exam. In addition to your pass/fail status, the results letter will provide your numerical score and the passing score for the examination.

The letter also will include a diagnostic profile with an analysis and description of four subject areas, designated **Client Needs Categories**. The four Client Needs Categories are: Safe, Effective Care Environment; Health Promotion and Maintenance; Psychosocial Integrity; and Physiological Integrity. Since these four categories form the basis not only of the CGFNS Qualifying Exam but also of the NCLEX-RN®, knowledge of your performance in these areas will help to prepare you for the U.S. licensure examination.

Mail delivery varies from country to country, so please allow up to four additional weeks for your results letter to arrive by mail. The letter is sent directly to you at the address on file. Results will be sent to only this address. These policies are in place to help protect the confidentiality of your results. Included with the letter are the materials and information you will need to take the next steps toward your goal.

The CGFNS Global Test Administration Department will provide your numerical score and the passing score for the exam in the results letter. If applicable, the letter will also included a diagnostic profile, which will indicate your performance by Client Service Categories that form the basis of both the CGFNS Qualifying Exam and NCLEX-RN® examination.

However, to immediately check on the current status of your file and any information pertaining to your CP application, please visit the CGFNS web site at www.cgfns.org. If you've visited or applied on-line for a CGFNS/ICHP service in the past, you will be required to re-enter your user name and password as listed above. If you are a first-time user, you will be required to set-up a user name and password to establish an account with CGFNS.

Earning the CGFNS Certificate

When you successfully complete the credentials review and pass both the CGFNS Qualifying Exam, and the English proficiency exam, you will receive your CGFNS Certificate.

Annual statistical reviews conducted by CGFNS show that CGFNS Certificate holders consistently have a higher rate of success on the NCLEX-RN® than nurses educated outside the United States who do not hold certificates. You can further improve your chances of passing the NCLEX-RN® by continuing to review your nursing textbooks after you have earned your CGFNS Certificate. Also, it is to your benefit to take the NCLEX-RN® soon after earning your CGFNS Certificate. The longer you wait to take the NCLEX-RN®, the greater the chance that the overall test plan of the NCLEX-RN® will differ from that of your CGFNS Qualifying Exam.

Unsuccessful Completion of the Certification Program

Applicants who fail the CGFNS Qualifying Exam or the English proficiency exam will not receive a CGFNS Certificate. If you fail one or both of the exams, you can re-apply to take the failed exam again.

Both the CGFNS Qualifying Exam and the English proficiency exam must be taken and passed within a two-year time frame.

Re-Scoring of Exams

The CGFNS Qualifying Exam is scored by computer because this is the most reliable way to score multiple-choice tests. Afterward, any exam answer sheets with unusual results are hand-scored to further ensure reliability. However, if you have failed the exam and feel that another hand-scoring of your answer sheet would be useful, you may request it. **CGFNS will re-score an exam for a fee, as long as the exam is no more than two years old.**

To request this service, write to CGFNS, indicating the date of the exam you wish to have re-scored. Also include your CGFNS ID Number, your birth date and documentation of any name change since you took the exam to be re-scored. Sign the letter, enclose the proper fee, address the envelope to CGFNS, and mark it “**ATTN: Re-Score.**”

Guidelines for Communicating with CGFNS

If you have questions about your application, or required documents, we recommend that you first go to the CGFNS website, www.cgfns.org to check the status of your account, or you may access your account through our Integrated Voice System (215) 599-6200. To log onto our website you must use your full name and birth date or CGFNS ID number. You may also contact CGFNS via letter, telephone, fax, or through our website at www.cgfns.org “**Contact Us**”. We offer the following guidelines to make this communication easier (see Chart 3 on page 17 for additional information).

Third Party Inquiries and The Authorization to Release Information Form

CGFNS treats your application as confidential, to be discussed only with you. In order to protect the privacy of our applicants, ICHP will not disclose file information to any third party, including family, friends, recruitment/employment agencies, etc., unless authorized by the applicant in writing. If an applicant chooses to let CGFNS disclose file information or provide file status information to a third party by telephone, e-mail, fax or in person, the applicant must provide a completed and signed “**Authorization to Release Information**” form for the designated third party recipient. This form is available on the CGFNS website at www.cgfns.org and page 19 of this booklet.

To speed up their correspondence with CGFNS, some applicants may choose to have all of their mailings from CGFNS sent to someone else. You can do this by either indicating this on the “**Authorization to Release Information**” form, or providing that other person’s mailing address on your completed Application form. The “**Authorization to Release Information**” is valid for two years. You can revoke the authorization at any time. Revocation must be received by U.S. mail or courier service.

PLEASE NOTE: CGFNS keeps one mailing address per applicant. Therefore, if you choose to have your correspondence from CGFNS sent to an alternative address, any potential Certificate you may earn will be sent to that recipient. CGFNS cannot be held responsible for any correspondence withheld by a third party designated by the applicant as an authorized recipient of his/her documentation.

The completed “**Authorization to Release Information**” form may be submitted to CGFNS by mail, hand delivery, or fax.

World Wide Web

You may access the CGFNS website for information on CGFNS and its programs, services and activities, application forms, and the On-line Application System at www.cgfns.org.

Applicants interested in any CGFNS or ICHP program can now apply directly on our website at www.cgfns.org.

Another benefit of the On-Line Application System is that applicants can access application status information on the internet. By registering with the system and creating an account with CGFNS/ICHP, applicants can check their file status, verify receipt of documentation and scores, make changes to their contact information, confirm mailing dates, and many other services.

E-mail

Applicants may contact the CGFNS Customer Service Department with questions regarding their application by e-mail at www.cgfns.org "Contact us".

Fax

CGFNS has a dedicated applicant facsimile (fax) lines for its services. You may correspond via fax with CGFNS at (215) 349-0026 or (215) 662-0425. Do not fax official documents to CGFNS. Faxed documents can not be authenticated and are not acceptable.

Letters

CGFNS treats your application as confidential, to be discussed only with you. When you send a letter, it must be written and signed only by you. When you write to us, always include your CGFNS ID Number, full name, and date of birth. CGFNS recommends that you send all correspondence by first-class mail, and that you consider other faster mailing options when time is limited.

Telephone Calls

CGFNS will provide information regarding applicant status via telephone to applicants or authorized parties only. CGFNS will not release information to anyone else. If you wish to telephone CGFNS, call our Customer Service Department at (215) 349-8767. To save time, have your CGFNS ID Number ready. Please note that if you are requesting the results of a CGFNS service, additional information will be asked of you in order to verify your identity. If the Customer Service Representative is unable to adequately verify your identity, information will not be released via the telephone.

Phone lines are generally open between 9 a.m. and 5 p.m. Monday through Thursday, and 9 a.m. and 4:30 p.m. on Friday (Eastern Time in the United States). The phone lines are not open evenings, weekends or on U.S. holidays. After hours, you may access information by Integrated Voice System at (215) 599-6200. In an effort to keep our costs to you at a minimum, CGFNS will not accept collect telephone calls.

In the Event of a Disaster

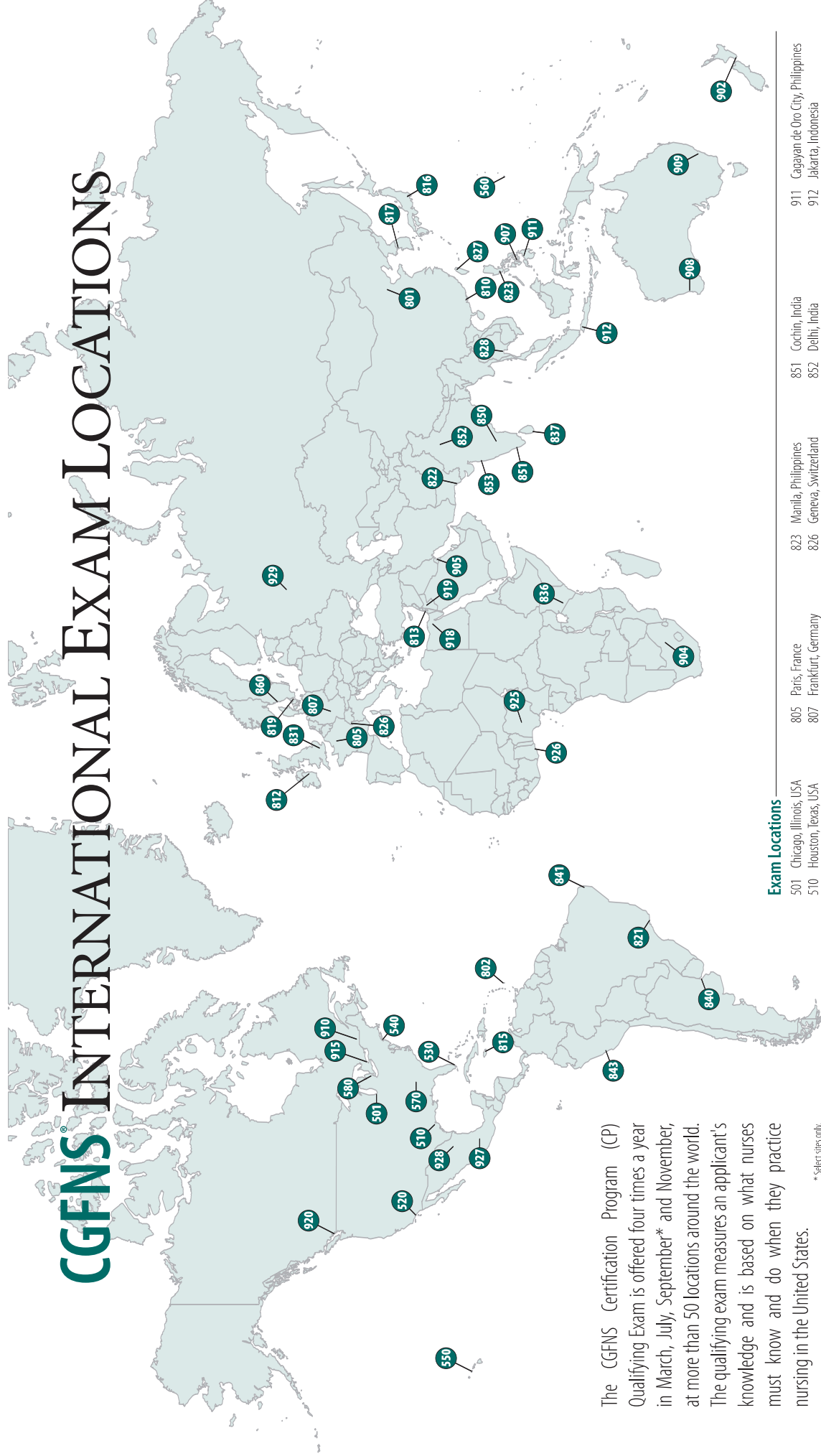
CGFNS makes every effort to ensure that our communication with applicants is clear and timely. However, some events are out of our control. Events such as natural disasters, political unrest and postal strikes may occasionally affect the application process. CGFNS cannot be responsible for delays caused by such conditions, but we will make every reasonable effort to notify you when this happens.

If, due to circumstances beyond our control, we are unable to review your application in time for the exam date of your choice, we will review the application for the next exam date.

Chart 3: Communication Guidelines

Reasons for Communication	Who Can Initiate Request?	Communication Channels	Special Tips
You wish to obtain copies of the <i>CGFNS Certification Program Applicant Handbook</i> .	Anyone can request one.	E-mail through our website www.cgfns.org "Contact Us", write, fax, telephone or download from the web site.	An individual can receive 1 book free of charge by mail. If ordering additional copies, the fee (and any shipping costs) must be pre-paid.
You want to confirm that my application documents have been received by CGFNS, or that you have been scheduled for an exam.	Only you or your authorized agent.	E-mail through our website www.cgfns.org "Contact Us", write, telephone, or visit the On-line Application System at www.cgfns.org .	Include your Full Name, CGFNS/ICHP ID Number and date of birth.
You have a question about a letter that you received from CGFNS.	Only you or your authorized agent.	E-mail through our website www.cgfns.org "Contact Us", write or telephone.	CGFNS advises you to write for this kind of information. If you must phone, have your CGFNS ID Number available and date of birth.
You need to notify CGFNS of a legal name change or change your address.	Only you or your authorized agent.	E-mail through our website www.cgfns.org "Contact Us", write, fax or make changes online at www.cgfns.org via the On-Line Application System.	Include your Full Name, CGFNS ID Number and date of birth.
You want to order a study aid or other item.	Anyone can order.	Write, download the order form from the website or order online at www.cgfns.org .	Give the name and address for delivery of the study aids and enclose the appropriate fee.
You need to tell CGFNS that your on-line roster information doesn't match your initial notification letter scheduling you for an exam.	Only you or your authorized agent.	E-mail through our website www.cgfns.org "Contact Us", write, telephone or fax.	State the problem. Include a return phone or fax number along with your CGFNS ID Number, name and birth date.
You need to tell CGFNS that you are not listed on the on-line roster.	Only you or your authorized agent.	E-mail through our website www.cgfns.org "Contact Us", write, telephone or fax.	State the problem. Include a return phone or fax number along with your CGFNS ID Number, name and birth date. Before you contact CGFNS remember: 1. You will be rostered only after you received a letter saying you have been scheduled for the CGFNS Exam. 2. Paper Permits are not sent with the notification letter. 3. State the problem. Include a return fax number, your CGFNS ID Number, name, and birth date.
You want CGFNS to send verification of your certificate status.	Only you.	Write, or request online at www.cgfns.org via the On-line Application System.	State the request and to whom the letter should be sent. Include your CGFNS ID number, birth date, signature, and proof of name change (if applicable).
You want CGFNS to mail a copy of your nursing education information to a school or U.S. board of nursing.	Only you.	Write, or request online at www.cgfns.org via the On-line Application System.	State the request and to whom the letter should be sent. Include your CGFNS ID number, birth date, signature, and proof of name change (if applicable).

CGFNS® INTERNATIONAL EXAM LOCATIONS



The CGFNS Certification Program (CP) Qualifying Exam is offered four times a year in March, July, September* and November, at more than 50 locations around the world. The qualifying exam measures an applicant's knowledge and is based on what nurses must know and do when they practice nursing in the United States.

* Select sites only

Exam Locations

501 Chicago, Illinois, USA	805 Paris, France	823 Manila, Philippines	851 Cochín, India	911 Cagayan de Oro City, Philippines
510 Houston, Texas, USA	807 Frankfurt, Germany	826 Geneva, Switzerland	852 Delhi, India	912 Jakarta, Indonesia
520 Los Angeles, California, USA	810 Hong Kong	827 Taipei, Taiwan	853 Mumbai, India	918 Cairo, Egypt
530 Miami, Florida, USA	812 Dublin, Ireland	828 Bangkok, Thailand	860 Göteborg, Sweden	919 Amman, Jordan
540 New York, New York, USA	813 Tel Aviv, Israel	831 London, United Kingdom	902 Wellington, New Zealand	915 Toronto, Canada
550 Honolulu, Hawaii, USA	815 Kingston, Jamaica	836 Nairobi, Kenya	904 Johannesburg, South Africa	920 Vancouver, Canada
560 Agaña, Guam, USA	816 Tokyo, Japan	837 Colombo, Sri Lanka	905 Kuwait City, Kuwait	925 Abuja, Nigeria
580 Detroit, Michigan, USA	817 Seoul, Korea	840 Buenos Aires, Argentina	907 Lebu City, Philippines	926 Accra, Ghana
570 Atlanta, Georgia, USA	819 Copenhagen, Denmark	841 Natal, Brazil	908 Perth, Australia	927 Mexico City, Mexico
801 Beijing, China	821 Rio de Janeiro, Brazil	843 Lima, Peru	909 Sydney, Australia	928 Monterrey, Mexico
802 Bridgetown, Barbados	822 Karachi, Pakistan	850 Bangalore, India	910 Montreal, Canada	929 Moscow, Russian Federation



AUTHORIZATION TO RELEASE INFORMATION

NOTICE: By signing below: (1) you will allow CGFNS/ICHP to disclose confidential, personal, private information about you and your file at CGFNS/ICHP to the person designated below; (2) you will give up the right to receive information from CGFNS/ICHP; and (3) you release and indemnify CGFNS/ICHP, its members, trustees, officers and employees from any liability for losses, damages or claims of any type arising out of actions taken by CGFNS/ICHP in reliance upon this Authorization.

This authorization will remain valid for two years from the date written below (or if none, from the date this authorization is received by CGFNS/ICHP).

REVOCATION: This authorization can be revoked by submitting a new authorization dated and signed after the initial Authorization.

In addition, you may revoke this authorization in writing at any time, which will be effective on and after the 30th day after CGFNS/ICHP receives your written revocation by regular mail or courier at its headquarters office in Philadelphia, PA USA. **Signed, faxed revocations will be accepted and the original authorization cancelled as long as the faxed communication is followed up with a mailed version of the revocation.**

AUTHORIZATION: I authorize CGFNS/ICHP to release to the below-named Authorized Recipient any and all information about me and my application/order for services from CGFNS/ICHP, including without limitation, the status of my application/order, the results of any credentials review, examination or test, and any other information in or relating to my file at CGFNS/ICHP. **I understand that all mail (including Certificate, exam scores and reports) will be sent to the Authorized Agent.**

This authorization revokes all previous authorizations submitted by the applicant.

CGFNS/ICHP ID No. _____ (if known)

Date of Birth: _____ (M/D/YR)

Sign name as it appears

On your Application/Order: _____

Print name: _____

Date: _____ (M/D/YR)

AUTHORIZED AGENT:

Print Contact Name: _____

Print Organization Name: _____

Print Address: _____

Telephone: Day: _____

Fax number: _____

Evening: _____

E-mail: _____





3600 Market Street, Suite 400, Philadelphia, Pennsylvania 19104-2651 U.S.A.
Phone: 215.222.8454 • Fax: 215.662.0425 • Web: www.cgfns.org

Credit Card Payment Form

Certification Program Credit Card Payment Form

Please type or print. If you would like to pay by credit card, please fill in your full name (as it appears on the application) and your CGFNS/ICHP Applicant ID Number (if known). Complete the cardholder information requested below. Enclose this form with all other materials you are sending CGFNS/ICHP. Detach this form only if payment is being made by a third party.

Cardholder Information *(CGFNS does not accept American Express.)*

Credit Card Type *(check one):*

☐ Visa ☐ Mastercard ☐ Discover/Novus
(CGFNS does not accept American Express.)

Name of Cardholder *(as it appears on card):*

Cardholder Address *(For processing credit card payments only. All materials requested will be sent to the applicant address provided on the appropriate forms.):*

Name of Applicant:

CGFNS/ICHP Applicant Identification Number
(if known)

--	--	--	--	--	--	--	--	--	--

Applicant's Date of Birth:

Day

--	--

 Month

--	--

 Year

--	--	--	--

Credit Card #:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

***CVV2 Number:** _____ *(See below for explanation)*

Expiration Date: _____ *(Month/Year)*

Total Charges *(see below):* U.S. \$ _____

Cardholder Signature *(authorization for payment):*

I hereby authorize a charge to my credit card for the total for all services requested on the attached **Certification Program Application Form**, including any fee adjustments in effect as of the date the order is received.

X _____

(Signature of Authorized Cardholder)

***Explanation of Credit Card CVV2 Number:** *(To be entered on the other side of this form)*

Visa and Master Card: This number is printed on your MasterCard & Visa cards in the signature area of the card. (It is the last 3 digits AFTER the credit card number in the signature area of the card).



Request for Validation of Registration/License For Certification Program

CP

(Required for all Applicants)

Dear Registration Authority:

Please promptly **complete the other side of this form** and send it to the Commission on Graduates of Foreign Nursing Schools (CGFNS) as validation of my professional registration/license, **accompanied by an English translation.**

My current name is:

First Name	Middle Name	Last Name
------------	-------------	-----------

My registration/license number is _____ My birth date is: Month _____ Day _____ Year _____

The registration/license was issued under the name of:

First Name	Middle Name	Last Name
------------	-------------	-----------

My current address is:

Applicant Signature _____

Address

Address - Continued

City

State/Province	Postal/Zip Code
----------------	-----------------

Country

Telephone Number	Fax Number	E-Mail Address
------------------	------------	----------------

REGISTRATION AUTHORITY COMPLETES BELOW

FOR REGISTRATION AUTHORITY USE ONLY:

1. This is to certify that _____ (Applicant Name) was first issued registration/license/diploma number _____ to practice as a _____ on: ____/____/____.
(Specify legal title in English and original language) Month Day Year

The expiration date of this registration/license is: ____/____/____. Birth date of individual: ____/____/____.
Month Day Year Month Day Year

2. Authority to Practice:

- ☐ National/Provincial/State Examination
☐ Review of another license (endorsement)
☐ Registration ☐ Diploma
☐ Other: _____

3. Status

- ☐ Active/Current ☐ Expired
☐ Inactive ☐ Restricted*

*Please attach an explanation if the applicant's registration/license/diploma has ever been revoked, suspended, limited, or placed on probation.

4. Name and location of nursing education program completed: _____

5. Date of graduation: ____/____/____
Month Day Year

6. Was the nursing education program accredited/approved? ☐ Yes ☐ No By Whom? _____

7. Type of Program: ☐ Secondary School Diploma ☐ Four-Year University Degree
☐ Associate Degree ☐ Other (specify) _____

8. Signature of registration authority _____ Date: ____/____/____
(Do not print) Sign entire name Month Day Year

Registration authority title: _____

State/Province and Country: _____

Please send this document and any attachments in English, in the enclosed envelope. Sign your name over the flap after sealing. Send via airmail to: ➡

Certification Program
CGFNS
3600 Market Street, Suite 400
Philadelphia, PA 19104-2651, USA

Registration
Authority
Seal or Stamp
Must Cover
Signature

Request for Validation of Registration/License For Certification Program

CP

(Required for all Applicants)

Dear Registration Authority:

Please promptly **complete the other side of this form** and send it to the Commission on Graduates of Foreign Nursing Schools (CGFNS) as validation of my professional registration/license, *accompanied by an English translation.*

My current name is:

First Name	Middle Name	Last Name
------------	-------------	-----------

My registration/license number is _____ My birth date is: Month _____ Day _____ Year _____

The registration/license was issued under the name of:

First Name	Middle Name	Last Name
------------	-------------	-----------

My current address is:

Applicant Signature _____

Address

Address – Continued

City

State/Province	Postal/Zip Code
----------------	-----------------

Country

Telephone Number	Fax Number	E-Mail Address
------------------	------------	----------------

REGISTRATION AUTHORITY COMPLETES BELOW

FOR REGISTRATION AUTHORITY USE ONLY:

1. This is to certify that _____ was first issued registration/license/diploma
(Applicant Name)
number _____ to practice as a _____ on: _____
(Specify legal title in English and original language) Month / Day / Year

The expiration date of this registration/license is: _____ Birth date of individual: _____
Month / Day / Year Month / Day / Year

2. Authority to Practice:

- ☐ National/Provincial/State Examination
☐ Review of another license (endorsement)
☐ Registration ☐ Diploma
☐ Other: _____

3. Status

- ☐ Active/Current ☐ Expired
☐ Inactive ☐ Restricted*

*Please attach an explanation if the applicant's registration/license/diploma has ever been revoked, suspended, limited, or placed on probation.

4. Name and location of nursing education program completed: _____

5. Date of graduation: _____
Month / Day / Year

6. Was the nursing education program accredited/approved? ☐ Yes ☐ No By Whom? _____

7. Type of Program: ☐ Secondary School Diploma ☐ Four-Year University Degree
☐ Associate Degree ☐ Other (specify) _____

8. Signature of registration authority _____ Date: _____
(Do not print) Sign entire name Month / Day / Year

Registration authority title: _____

State/Province and Country: _____

Please send this document and any attachments in English, in the enclosed envelope. Sign your name over the flap after sealing. Send via airmail to: ➡

Certification Program
CGFNS
3600 Market Street, Suite 400
Philadelphia, PA 19104-2651, USA

Registration
Authority
Seal or Stamp
Must Cover
Signature

3600 Market Street, Suite 400, Philadelphia, PA 19104-2665 USA
Applicant Information: (215) 349-8767 Fax: (215) 349-0026
E-mail through our **Web site:** <http://www.cgfn.org>

Provide all information requested below. Failure to respond accurately will delay the processing of your application.
Enter responses clearly. Submit original copy. Retain a copy for your files.

1 Preliminary Information

- a. Have you ever applied to take the CGFNS Examination or for any CGFNS/ICHP services? ☐ Yes ☐ No
- b. If you have an CGFNS/ICHP Applicant Identification Number, enter it here.

--	--	--	--	--	--
- c. Intended U.S. State(s) of practice _____.
- d. I worked in _____ as a _____ for _____ years.
- | | | |
|---------------------|-----------------------------|---------------|
| City/Country | Profession Specialty | Number |
|---------------------|-----------------------------|---------------|

2 Your Name

Enter your full, legal name as you would like it to appear on all correspondence and the CGFNS Certificate.
Put only one letter in each box.

[illegible]

First (Given) & Middle Names (Leave a space between names)

[illegible]

Last(Family/Surname) Name(s) (Leave a space between names)

3 Other Names

List alternate names appearing on your documents. Include legal documentation/proof verifying name change.

Maiden Name	Other Name
Other Name	Other Name
Other Name	Other Name

4 Birth Date (Spell the month, and enter the day and year of your birth)

Month

--	--	--	--	--	--	--	--

 Day

--	--

 Year

--	--	--	--

5 Gender

☐ Female ☐ Male

6 Your U.S. Social Security Number

(If you have one) | | | | | | | | | |

7 Marital Status

☐ Married ☐ Divorced ☐ Widowed ☐ Single

8a Your Permanent Address

Indicate the address at which you reside.

[illegible]

Street Address/Post Office Box Number

[illegible]

Street Address – Continued

Age Group	Percentage
18-24	15%
25-34	20%
35-44	25%
45-54	20%
55-64	15%
65-74	10%
75-84	5%
85+	5%

City

State/Province

Postal Zip Code

Age Group	Percentage
18-24	10%
25-34	15%
35-44	20%
45-54	25%
55-64	30%
65-74	35%
75-84	40%
85+	45%

Country

***Note: You are responsible for notifying CGFNS if your address changes.**

8b Your Mailing Address

Use the address to which CGFNS should mail all correspondence to you.

Street Address/Post Office Box Number	
Street Address – Continued	
City	
State/Province	Postal Zip Code
Country	

***Note: You are responsible for notifying CGFNS if your address changes.**

9 Your Telephone Number, Mobile (cell phone) Number, FAX Number & E-mail Address

()	()	()
Telephone: Include Country Code and/or Area Code	Mobile Telephone: Include Country Code and/or Area Code	FAX: Country Code and/or Area Code, or TELEX Number
E-mail: (example: name@usenet.com)		

May CGFNS contact you in the future to discuss your experience transitioning to practice in the U.S.? ☐ Yes ☐ No

May CGFNS send you a text message on your mobile (cell) phone? ☐ Yes ☐ No

10 Country of Birth, Native Language and Current Citizenship

Country of Birth	State/Province	Citizenship ID Number
Native Language	Current Citizenship	Country of initial professional education

11 Pre-Nursing Education

Please list, in the order you attended, all educational institutions. Explain any gaps in your educational history.

List information for each school attended whether completed or not. Enclose a photocopy of your diploma, certificate, or external exam certificate from your secondary school, including a word-for-word English translation of each of these documents. External exam results or school verification of graduation date must be submitted directly to CGFNS by the examining agency or school.

Name(s) of Schools Attended	City, State/Province & Country	Month/Year Entered	Month/Year Completed/ Graduated	Name of Diploma or Certificate in its Original Language	Degree Obtained (✓)
Primary:					
Intermediate:					
Post-secondary non-professional programs:					

12 Nursing Education

Please list information for each nursing school attended, whether completed or not. List nursing title in original language.

Name(s) of Schools Attended	City, State/Province & Country	Month/Year Entered	Month/Year Completed/ Graduated	Nursing Title Obtained in home Country in its original language	Degree Obtained (✓)

13 Nursing Program

Mark the areas included in Nursing Education.

	Care of the Adult/ Medical Nursing	Care of the Adult/ Surgical Nursing	Maternal/ Infant Nursing	Nursing Care of Children	Psychiatric/ Mental Health Nursing	Community/ Public Health Nursing
Theory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Has your nursing school closed or merged with another school? ☐ Yes ☐ No Name of new school _____

14 Nursing Experience

Years of full-time nursing experience since graduation from your general nursing program: _____

Number of years experience in the following healthcare settings: Hospital _____ Community Health Setting _____

Clinic _____ Specialty Area (name area) _____ Other (name area) _____

15 Registration/License

Complete and send a "Request For Validation of Registration/License" form and one of the enclosed envelopes marked "Validations" to every registration/licensing authority responsible for issuing/validating both your initial and current license(s)/registration(s) in your country of education and in the country(ies) **where you hold licenses**. The registration/licensing authorities must send the "Request For Validation of Registration/License" form directly to CGFNS. CGFNS must have a validation for **every** license you have held, past and present. If your diploma authorizes practice in your country, forward this form to the institution that issued it (school, Ministry of Health, etc.).

a. Your legal nursing title in the country where you received your general nursing education as it appears on your diploma or license in the original language _____

b. Have any of your registration/licenses ever been revoked, suspended or restricted for any reason? ☐ Yes ☐ No

If "Yes", please explain _____

16 Exam Locations and Dates

Please indicate first and second choice of exam locations and dates. CGFNS reserves the right to assign a center and date if your initial choice(s) is (are) not available. See listing of exam locations and center numbers on pg. 18, and important dates on fee schedule.

1st Choice _____
City _____ Date (Month/Day/Year) _____ Exam Center Number _____

2nd Choice _____
City _____ Date (Month/Day/Year) _____ Exam Center Number _____

17 Special Needs

Please attach documentation of your disability, signed by a medical professional. List any special needs (e.g., wheelchair access, impairment, etc.) _____

18 Photographs and CGFNS Photo Identification Card

Enclose three (3) signed photographs with this application. Attach one in space provided on next page. Attach the second to the CGFNS Photo Identification Card. Enclose the third in the application envelope. If you are applying online, send the three (3) photographs to CGFNS in a single envelope.

19 Application Fee

Enclose the full application fee in U.S. dollars, drawn on a U.S. bank. Send an international money order or certified bank check payable to "CGFNS" or pay with a credit card using the Credit Card Payment Form. CGFNS accepts Visa, Mastercard and Discover/Novus. Personal checks are not accepted. **DO NOT SEND CASH.** You may also pay on-line using your credit card.

20 Terms and Conditions of the CGFNS Certification Program

This section clarifies CGFNS's obligation and your obligations regarding the Certification Program service. It also explains how this service is delivered.

- CGFNS may choose to evaluate only the materials that it considers relevant to the Certification Program Application.
- All documents submitted, including transcripts become the property of CGFNS and cannot be returned. Do not send originals of diplomas, degrees, certificates, registration or license.
- No evaluation is conducted until CGFNS receives a completed application and full payment. Please calculate the payment correctly and include payment with each Application or request. See the enclosed fee schedule.
- The Certification Program Certificate is valid only when the official (embossed) CGFNS seal is affixed.
- If your application includes any forged, altered, or falsified documents or information, CGFNS will not issue a Certification Program Certificate.
- Fees as published with this Application are subject change.
- Any payment you send to CGFNS will be applied first to any unpaid balance from previously ordered products or services before it is applied as payment for a newer service.
- No refund is rendered once an application is submitted.

21 Attestation:

Please Note: Each Applicant must sign his/her full name in English characters on the Applicant's signature line. Attach your photograph in the designated space.

I certify that all information which CGFNS has received as part of this application or in the past, from me or from a third party on my behalf, is true and complete. I also certify that all documents which have been submitted to CGFNS for any purpose have not been falsified, altered or tampered with by any person.

I understand that CGFNS and others will rely on this application and on the documents and information submitted, and that if any of it is falsified, altered or tampered with, or if I alter a CGFNS Certificate or a CGFNS Report or misrepresent a copy as an original, CGFNS may take such disciplinary action against me as it deems appropriate including **bar me from future examinations or from participation in any CGFNS programs**. The consequences could adversely affect my professional license, immigration status, employment and other matters, from which I release CGFNS from all liability.

I authorize CGFNS to disclose the information and documents in this application, the status of my CGFNS Certificate, any Reports or evaluations prepared by CGFNS, any other information obtained by CGFNS and the results and reasons for any adverse action taken against me by CGFNS, to any person or organization I designate in writing or to any other recipient which CGFNS may determine has a legitimate interest in receiving the same, such as government agencies or potential employers.

I understand that unauthorized use of test materials, giving or receiving aid during an examination, or violating instructions at the examination site may be grounds to expel me from the examination, or bar me from future examinations or from participation in any CGFNS programs, or to otherwise discipline me as appropriate. Applicants should refuse any requests by third parties, i.e. friends, recruiters or employers to memorize questions or give them details regarding the content of the tests. Such activities will result in the applicant's test being voided and may prevent them from being eligible for all future exams. In addition, I authorize the board of nursing of the state in which I take the licensing examination in the future to release my NCLEX-RN® results to CGFNS for statistical studies. I also agree to send CGFNS my NCLEX-RN® results.

I understand that the CGFNS Certificate and all copies of it remain the property of CGFNS and must be returned to CGFNS if CGFNS determines that the holder of the certificate was not eligible to receive it or that it was otherwise issued in error.

Attach here one recent
passport-size
photograph of yourself
with your signature on
the front.

You must sign and date this application in order for it to be processed.

Signature of Applicant (Do Not Print) _____ Date _____
Sign Entire Name Month / Day / Year

Please mail this Application, the Photo identification Card, your payment and all enclosures to:

CGFNS
Attn: CP Application
3600 Market Street, Ste 400
Philadelphia, PA 19104-2651
USA

3600 Market Street, Suite 400, Philadelphia, PA 19104-2665 USA
Applicant Information: (215) 349-8767 Fax: (215) 349-0026
E-mail through our Web site: <http://www.cgfns.org>

School of Nursing – Please Note:

Please place school seal or stamp over the sealed flap of the school's envelope and return form via airmail to:

CGFNS, Attn: CP
3600 Market Street, Suite 400
Philadelphia, PA 19104-2651 USA

**Section II. To Be Filled Out Only By
The School Of Nursing**

Please fill in the information requested below using a typewriter, or print in ink. **Return directly to CGFNS via first-class airmail.**

Name of Student _____ Birth Date: _____ / _____ / _____
School of Nursing _____ Admission to Program: _____ / _____

Completion of Program: _____ / _____
Mailing Address _____
(Required) _____

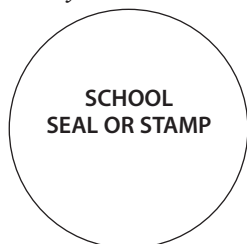
Country _____
FAX Number _____ E-Mail Address _____

Did this applicant attend a first-level, **general** nursing program? ☐ Yes ☐ No (If "no," specify the type of program.) _____
This applicant received a (check one) ☐ Certificate/Diploma ☐ Degree What kind? _____
What was the language of instruction for this applicant? _____
What was the textbook language for his/her course of study? _____
Is your school a government-approved school of nursing? ☐ Yes ☐ No
What were the total years of formal schooling the applicant received before attending your nursing school? _____

Please fully complete the chart below. This information is required for our evaluation. Please provide specific hours of theoretical instruction and number of hours of clinical practice for the subject areas listed below. Please do not combine subject areas. If they are combined in your curriculum, please **estimate** the hours of theoretical instruction and hours of clinical practice in each subject area. Please attach a copy of the actual transcript. **Both the completed form and the educational transcript must be sent directly to CGFNS.** All documents must be in English.

Subjects	Hours of Theoretical Instruction*	Number of Hours of Clinical Practice
Care of the Adult - Medical Nursing		
Care of the Adult - Surgical Nursing		
Maternal/Infant Nursing, <u>excluding</u> Gynecology		
Nursing Care of children		
Psychiatric /Mental Health Nursing, <u>excluding</u> Neurology		
Community/ Public Health Nursing		
Pharmacology		
Gerontology		
Other (describe):		
Physical and Biological Sciences (anatomy, physiology, microbiology, chemistry and nutrition)		
Social Sciences (psychology, sociology, history and trends in nursing)		

*Include hours of classroom education, laboratory and planned clinical conferences (ward teaching). CGFNS must have the breakdown of the hours of instruction and hours of clinical practice in each of the subject headings listed.



I certify that the above is an accurate record of the applicant whose name appears on the reverse side of this form.

(Signature) _____

(Title) _____

(Date) _____





3600 Market Street, Suite 400, Philadelphia, Pennsylvania 19104-2651 U.S.A.
Phone: 215.222.8454 • Fax: 215.662.0425 • Web: www.cgfns.org

2001-2005 Fee Schedule

(The 2001-2005 fee schedule is valid through March 31, 2006. The most up-to-date fee schedule is published online at <http://www.cgfns.org/sections/app/fee.shtml>. Fees may change without notice.)

Program	Fee
Certification Program (CP)	
Certification Program (CGFNS Qualifying Exam, Credentials Review) – New Applicant	\$295.00
Certification Program – Re-applicant	\$250.00
Credentials Evaluation Service (CES)	
Healthcare Profession & Science Course-by-Course Report	\$225.00
Full Education Course-by-Course Report	\$265.00
Re-issue Report	\$50.00
Credentials Verification Service for New York State (CVS) – New Applicant	\$275.00
Visascreen™: Visa Credentials Assessment	
VisaScreen™ Initial Certificate	\$325.00
VisaScreen™ Renewal	\$150.00

CGFNS Includes Study Guide in Exam Package

With all initial Certification Program (CP) applications, CGFNS will include the highly popular Official Study Guide for the CGFNS Qualifying Exam as part of the application package. Upon receipt of an initial application and full payment, applicants to the CP program will automatically be sent the study guide.

2006-2007 Exam Dates

CGFNS has announced the dates of its Qualifying Exam for Registered Nurses for 2006-2007. Application deadlines listed below cannot be extended. The dates and deadlines are as follows:

Examination Date	Deadline for NEW Applications	Deadline for Re-Applications	Deadline for Location/Test Date Change
March 8, 2006	December 7, 2005	January 4, 2006	December 28, 2005
July 12, 2006	April 12, 2006	May 10, 2006	May 3, 2006
* September 20, 2006	June 21, 2006	July 19, 2006	July 12, 2006
November 8, 2006	August 9, 2006	September 6, 2006	August 30, 2006
March 14, 2007	December 13, 2006	January 10, 2007	January 3, 2007
July 11, 2007	April 11, 2007	May 9, 2007	May 2, 2007
* September 19, 2007	June 20, 2007	July 18, 2007	July 11, 2007
November 14, 2007	August 15, 2007	September 12, 2007	September 5, 2007

* Special Administration

A stylized world map in a light teal color, centered on the Atlantic Ocean, serves as the background for the top half of the page. The map is composed of simple, rounded shapes representing continents.

CGFNS Mission

To protect the public by assuring the integrity of health professional credentials in the context of global migration.



3600 Market Street, Suite 400, Philadelphia, Pennsylvania 19104-2651 U.S.A.
Phone: 215.222.8454 • Fax: 215.662.0425 • Web: www.cgfns.org